2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003518

Entity Name: AMERICAN UNIVERSITY INC

Current Principal Place of Business:

RUA PRIMEIRO DE MARCO 971

PÁTRIA NOVA 971

NOVO HAMBURGO, RIO GRANDE DO SUL 93320 - 105

Current Mailing Address:

150 SE 2ND AVENUE 1110

1110

MIAMI, FL 33131 US

FEI Number: 27-2309244 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

R & P ACCOUNTING & TAXES INC. 150 SE 2ND AVENUE **SUITE 1110**

MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name DIAS, MARCOS VIVIANO PHD Name DIAS, CRISTIANA BOHN PHD

RUA PRIMEIRO DE MARÇO 971 **RUA PRIMEIRO DE MARCO 971** Address Address PATRIA NOVA 971 PATRIA NOVA 971

NOVO HAMBURGO RIO GRANDE DO City-State-Zip: NOVO HAMBURGO RIO GRANDE DO City-State-Zip: SUL 93320 - 105

SUL 93320 - 105

Title **SECRETARY** Title **TREASURER**

Name NEVES, CRISTIANO SILVEIRA PHD Name DIAS, CRISTIANA BOHN PHD

Address **RUA PRIMEIRO DE MARCO 971** Address **RUA PRIMEIRO DE MARCO 971**

PATRIA NOVA 971 PATRIA NOVA 971

City-State-Zip: NOVO HAMBURGO RIO GRANDE DO City-State-Zip: NOVO HAMBURGO RIO GRANDE DO

SUL 93320 - 105 SUL 93320 - 105

Title Title RECTOR, CHAIRMAN AMERICAN REPRESENTATIVE DIAS, MARCOS VIVIANO PHD COHEN, ROBERTO PHD Name Name

Address

RUA PRIMEIRO DE MARCO 971 Address **RUA PRIMEIRO DE MARCO 971** PATRIA NOVA 971 PATRIA NOVA 971

NOVO HAMBURGO RIO GRANDE DO NOVO HAMBURGO RIO GRANDE DO City-State-Zip: City-State-Zip:

SUL 93320 - 105 SUL 93320 - 105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO COHEN

Electronic Signature of Signing Officer/Director Detail

REPRESENTATIVE

02/10/2021

FILED Feb 10, 2021

Secretary of State

7002830033CC

Date